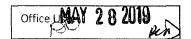


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	Date: 5/20/9	433	. 2
,	Type: ☐ New Amended (if amending, enter MEC ID <u>C.131</u>	₹ & section cha	nged)
2.	Committee Information		
	Name of Committee		
			() Telephone Number
	Committee Mailing Address, City, State, & Zip		relephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	ners
	Committee Type: \Box Campaign \Box Candidate \Box Continuing (PA	AC) 🗌 Debt Service 🗎 Explo	oratory
3.	Treasurer/Deputy Treasurer Information		
	CHRIS WHITE Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	87 KNOWNENGE CT	1/3/2 887-1707	()
	Treasurer's Mailing Address, City, State, & Zip LAKE ST LOUIS NO 6	Transperient ome Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	,	()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
١.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Coppetted Openization's Name (1 1 1 1)	Connected Organization's Mailing Address, Connected Organization	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	pack) 🗆 No
٠.	Official Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
).	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	Only
			,
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Bailot Measure	Charles Day 0 Dellated C. L. Bridge	
		Election Date & Political Subdivision	Support or Oppose
١.	ignature(s) Check certification(s) & sign (required by all committees)		
	I affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or d		
-o:.	A		
	Committee Treasurer	Candidate (Candidate Committees Only)	<u> </u>

MO 300-1308

Form must be completed in full & contain original signature(s), fax filings are not accepted.

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Packet (Rev. 12/2016)